

PTO/SB/17 (12-042)

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Under the Paperwork Reduction Act of 1995, no burden or cost reclassification is required in a revision of information unless it relates to a valid DPA control number.

Effective on 12/09/2004.
Fee pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
285**Complete if Known**

Application Number	10/657,216
Filing Date	Sept 9, 2003
First Named Inventor	LEHR, Amr
Examiner Name	CABRERA, Zolla E
Art Unit	2125
Attorney Docket No.	PDS-002C1

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-2916 Deposit Account Name: PowerDsigns, Ltd.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)		<input checked="" type="checkbox"/> Credit any overpayments		

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	500	250	300	150	160	80	
Reissue	500	250	500	250	600	300	
Provisional DA	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Per Claimant**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

20 - 20 or HP = 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20.

Independent Claims Extra Claims Fee (\$)

Fee Paid (\$)

5 - 3 or HP = 2 x 100 = 200

HP = highest number of independent claims paid for, if greater than 3.

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
20	- 20 or HP = 0	x 0	= 0			
HP = highest number of total claims paid for, if greater than 20.						

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

5 - 3 or HP = 2 x 100 = 200

HP = highest number of independent claims paid for, if greater than 3.

Total Sheets	Extra Sheets	Number of each additional \$0 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	/ 50 =	(round up to a whole number) x 0	= 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional \$0 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	/ 50 =	(round up to a whole number) x 0	= 0

Total Sheets Extra Sheets Number of each additional \$0 or fraction thereof Fee (\$)

100 0 / 50 = (round up to a whole number) x 0 = 0

Fee (\$)	Fee Paid (\$)
0	0

Fee (\$)

Fee Paid (\$)

0 0

Fee (\$)

Fee Paid (\$)